

**Alabama Medicaid Pharmacy**  
**Morphine Milligram Equivalents (MME) Cumulative Daily Override**

**FAX: (800) 748-0116**  
**Phone: (800) 748-0130**

**Fax or Mail to**  
**KEPRO**

**P.O. Box 3570**  
**Auburn, AL 36831-3210**

**PATIENT INFORMATION**

Patient Name \_\_\_\_\_ Patient Medicaid # \_\_\_\_\_  
Patient DOB \_\_\_\_\_ Patient phone # with area code \_\_\_\_\_

**PRESCRIBER INFORMATION**

Prescriber name \_\_\_\_\_ NPI # \_\_\_\_\_ License # \_\_\_\_\_  
Phone # with area code \_\_\_\_\_ Fax # with area code \_\_\_\_\_  
Address (Optional) \_\_\_\_\_

*I certify that I have not charged the patient cash for this office visit or for the treatment of this patient's pain management. I certify that this treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. I attest that all information included within this request is accurate. I will be supervising the patient's treatment. Supporting documentation is available in the patient record.*

\_\_\_\_\_  
Prescribing Provider Signature

\_\_\_\_\_  
Date

**DRUG/CLINICAL INFORMATION**

Drug Requested \_\_\_\_\_ Strength \_\_\_\_\_ Drug Code \_\_\_\_\_  
Quantity Requested \_\_\_\_\_ Days' Supply for Quantity Requested \_\_\_\_\_ Date of Last Urine Drug Screen \_\_\_\_\_  
Diagnosis/Specific Description of Pain/Medical Justification \_\_\_\_\_

**Patients who do not meet specific chronic pain diagnosis requirements<sup>^</sup> but require an override must either:**

- 1) Submit a tapering plan, or
- 2) for legacy patients for which tapering is not recommended, submit a pain care agreement/contract regarding mutual responsibilities (with an emphasis on functional improvement).

**Required Questions Below (check yes or no):**

	Yes	No
Has the prescriber reviewed the patient's PDMP within the past 30 days prior to prescribing the requested medication?		
Has the patient been educated on being a candidate to carry naloxone* and/or prescribed naloxone*?		
For female patients, has the patient been counseled on the risk of being/ becoming pregnant while on the requested medication, including the risk of neonatal abstinence syndrome (NAS)?		
Has the prescriber counseled the patient on the risk of concurrent use of the requested medication with benzodiazepines, sedative/hypnotics, or barbiturates?		
Does the patient currently suffer from respiratory depression, acute or severe bronchial asthma, or hypercarbia?		

<sup>^</sup>General pain diagnoses will not be approved

\* Per CDC Guidelines for Prescribing Opioids for Chronic Pain, before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.  
[https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm](https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm)

**DISPENSING PHARMACY INFORMATION**

May Be Completed by Pharmacy

Dispensing pharmacy \_\_\_\_\_ NPI # \_\_\_\_\_  
Phone # with area code \_\_\_\_\_ Fax # with area code \_\_\_\_\_